

APPLICATION FOR MARRIAGE OR DIVORCE VERIFICATION OR WEDDING ANNIVERSARY CERTIFICATE

OFFICE USE ONLY						
Remit No.			_			
Amount \$_			_			
	Cash	Check				
Date						
		Ву	-			

PLEASE PRINT

Marriage Verification	\$20.00
Divorce Verification	\$20.00
Wedding Certificate	\$60.00

Check or money order payable to DSHS

PLEASE NOTE: This wedding certificate is for commemorative purposes only. It is <u>not</u> a legal certificate of marriage. A legal certificate of marriage can only be obtained from the county clerk's office in which the marriage license was purchased and filed.

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

Marriage records begin January 1966 - Divorce record begin January 1968

Full Name of Husband Name	First Name		Middle Name		Las	Last Name		
Date of Marriage or Divorce	Month	Day		Year		Years Commemorated		
4. Place of Marriage or Divorce	City or Town	County			State Texas			
5. Full Maiden Name of Wife	First Name		Middle Name		Maiden Name			
6. Ages or Dates of Birth at time of Marriage or Divorce	Age or Date of Birth of H	usband	Age or Date of Birth of Wife					
OUR NAME:				8. TELEF	PHONE #	()	-	
						` (MON	I-FRI 8:00-5:00)	
MAILING ADDRESS: STE	REET ADDRESS			CITY		STATE	ZIP	
RELATIONSHIP:		I IRPOSE	E IN ORTAININ	_				
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If verification is to be ma	iled to some other perso	n, please	e complete:					
Name			Str	eet Address				
216			Sta	te		Zip Code		
JITV						P C C C C C C C		

A verification is a letter verifying whether or not a marriage or divorce was recorded with the State of Texas. To order a certified copy of the marriage license, you must contact the County Clerk's Office in the county in which the marriage license was obtained. To order a copy of a divorce decree, you must contact the District Clerk's Office in the District in which the divorce was filed.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Your Signature		Date of Application		
	Pec'd	Date		

MAIL THIS APPLICATION AND PAYMENT TO:

Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040